LAKE COUNTRY
Life. The Okanagan Way.

Open Burning

In Person Acknowledgement and Registered Owner Authorization

Permit No.		Date:	

☐	I am the **Registered Owner** of a property where burning will occur and have purchased an Open Burn Permit **in person** from the District of Lake Country.
☐	I am the **Registered Owner** of a property where burning will occur and **authorize the Applicant** to apply for and purchase an Open Burning Permit.
☐	I am a **Tenant** of a property where burning will occur and have purchased an Open Burn Permit **in person** from the District of Lake Country **AND** have provided Registered **Owner Authorization** to do so.

REGISTERED OWNER INFORMATION (if applicable)				
1.	Name			
2.	Business Name (if applicable)			
3.	Address			
4.	Phone		Email	
APPLICANT INFORMATION (if applicable)				
1.	Name			
2.	Address of Fire Location			
3.	Phone		Email	

ACKNWLEDGEMENT	
☐	I am the owner/tenant of the subject property and the information entered above is correct.

☐	Prior to burning I am solely responsible for:
	• Ensuring burning is allowed by calling the **Open Burning Hotline at 1-855-262-2876**
	• complying with
	  ○ the District of Lake Country **Open Burning Bylaw 612, 2007**,
	  ○ the **Provincial** **Open Burning Smoke Control Regulations (OBSCR)**,
	  ○ Regional District of Central Okanagan Bylaws
	  ○ and all other applicable laws or authorities.

☐	I understand non-compliance with applicable laws or authorities may result in fines, or other enforcement including recovery of costs incurred by the Fire Department in responding to non-compliant burning. I agree to indemnify and hold harmless the District of Lake Country and their respective elected officials, officers, employees, agents, and representatives from and against any and all liabilities, losses, damages, injuries (including death), property damage, claims, actions, causes of action, costs (including legal fees), or expenses arising from or related to the issuance or use of this permit.

Registered Owner Signature: _____ Date _____

Applicant Signature: _____ Date _____